

U.S. PATENT AND TRADEMARKS
Washington, D.C. 20591

RECEIPT NUMBER	FILED DATE	FIRST NAMED APPLICANT	ATTY DOCKET NO.
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CLERK/INTER

ART UNIT PAPER NUMBER

DATE MAILED:

NOTICE OF INSUFFICIENT FILING FEES

APPLICANT IS GIVEN 30 DAYS FROM THE DATE OF MAILING OF THIS NOTICE WITHIN WHICH TO SUBMIT THE BALANCE DUE. Extension of this 30 day period under 37 CFR 1.136(a) will not be permitted. Failure to respond within this period will result in the application becoming abandoned. 35 U.S.C. 133.

The filing fees submitted in connection with this application are insufficient. See the attached Patent Application-Pee Determination Record (Form PTO-875). The balance due for additional claims and/or multiple dependent claims is summarized below:

A. Filing Fees due upon filing the application

Total Filing Fees Due	= \$ <u>439.00</u>
Less Filing Fees Submitted	= \$ <u>421.00</u>
BALANCE DUE	= \$ <u>18.00</u>

B. Fees due in connection with the amendment filed on _____

Total Fees Due	= \$ <u>439.00</u>
Less Fees Submitted	= \$ <u>421.00</u>
BALANCE DUE	= \$ <u>18.00</u>

ATTACHMENT FORM PTO-875

Clerk of Court

APPLICANT: PLEASE COMPLETE THIS PORTION AND RETURN THIS NOTICE WITH PAYMENT

Fee submitted \$ _____

Signature _____

CERTIFICATE OF MAILING

I hereby certify that the above and the papers addressed to me being deposited with the U.S. POSTAL SERVICE on the _____ day of _____

_____, 20_____, at _____, D.C. 20591, on _____

Print Name: _____

Signature: _____

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number

SV 16

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	23	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	23 minus 20=	* 3
INDEPENDENT CLAIMS	4 minus 3 =	* 1
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE

OR
OTHER THAN
SMALL ENTITY

RATE	Fee	RATE	Fee
BASIC FEE	370.00	OR	BASIC FEE 740.00
X\$ 9=	27	OR	X\$18=
X42=	42	OR	X84=
+140=		OR	+280=
TOTAL	439	OR	TOTAL

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent		Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

SMALL ENTITY OR
OTHER THAN
SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=	
X42=		X84=	
+140=		+280=	
TOTAL ADDITIONAL FEE		TOTAL ADDITIONAL FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent		Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=	
X42=		X84=	
+140=		+280=	
TOTAL ADDITIONAL FEE		TOTAL ADDITIONAL FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent		Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=	
X42=		X84=	
+140=		+280=	
TOTAL ADDITIONAL FEE		TOTAL ADDITIONAL FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.